

**Health Technology Clinical Committee  
Final Findings and Decision**

**Topic:** Cervical Spinal Fusion for Degenerative Disc Disease  
**Meeting Date:** March 22, 2013  
**Final Adoption:** May 17, 2013

**Number and Coverage Topic:**

**20130322B** – Cervical Spinal Fusion for Degenerative Disc Disease

**HTCC Coverage Determination:**

Cervical Spinal Fusion for Degenerative Disc Disease is a **covered benefit with conditions**.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

Cervical Spinal Fusion is covered when the following conditions are met:

1. Patients with signs and symptoms of radiculopathy; and
2. Advanced imaging evidence of corresponding nerve root compression; and
3. Failure of conservative (non-operative) care.

**Non-Covered Indicators**

Cervical Spinal Fusion is not a covered benefit for neck pain without evidence of radiculopathy or myelopathy.

**Agency Contact Information**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**HTCC Coverage Vote And Formal Action:**

**Committee Decision**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and agency and state utilization information. The committee concluded that the current evidence on Cervical Spinal Fusion for Degenerative Disc Disease demonstrates that there is sufficient evidence to cover with conditions. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Cervical Spinal Fusion for Degenerative Disc Disease.

**Final**

**Cervical Spinal Fusion Coverage Vote**

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Cervical Spinal Fusion	0	0	10

**Discussion**

The Chair called for discussion on conditions for use of Cervical Spinal Fusion for Degenerative Disc Disease due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

**Limitations of Coverage**

**Covered Conditions**

Patients with signs and symptoms of radiculopathy  
 And advanced imaging evidence of corresponding nerve root compression  
 And failure of conservative (non-operative) care

**Non-Covered Conditions**

Non-covered for neck pain without evidence of radiculopathy or myelopathy

**Action**

The committee Chair directed HTA staff to prepare a Findings and Decision document on Cervical Spinal Fusion for Degenerative Disc Disease reflective of the majority vote for final approval at the next public meeting.

The committee checked for availability of a Medicare coverage decision. There is no national coverage determination (NCD) for cervical spinal fusion surgery. Local coverage decisions (LCDs) are limited to spinal fusion for lumbar degenerative disc disease.

**Health Technology Clinical Committee Authority:**

Washington State’s legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology’s safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.

**Final**

Meeting materials and transcript are available on the HTA website at:  
[http://www.hta.hca.wa.gov/past\\_materials.html](http://www.hta.hca.wa.gov/past_materials.html)